In re	Larry Leroy Lyke	According to the calculations required by this statement:
a	Debtor(s)	■ The applicable commitment period is 3 years.
Case Nu		☐ The applicable commitment period is 5 years.
	(If known)	☐ Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF IN	СО	ME					
	Mari	tal/filing status. Check the box that applies a	nd c	complete the balance	ce o	of this pa	art of this state	men	t as directed.		
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.										
		Married. Complete both Column A ("Debto					Spouse's Incon	ne'')	for Lines 2-10.		
		gures must reflect average monthly income re-							Column A	Column	R
		dar months prior to filing the bankruptcy case							Debtor's		
		ling. If the amount of monthly income varied			, yo	ou must	divide the		Income	Spouse Incom	
		six-month total by six, and enter the result on the appropriate line.							income	Incom	
2	Gros	s wages, salary, tips, bonuses, overtime, con	nmi	ssions.				\$	0.00	\$	
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.						one business, o not enter a				
		I		Debtor		SI	oouse				
	a.	Gross receipts	\$	0.00							
	b.	Ordinary and necessary business expenses	\$	0.00				Ф	0.00	ф	
	c.	Business income s and other real property income. Subtract l		btract Line b from				\$	0.00	\$	
4	a. b.	of the operating expenses entered on Line b Gross receipts Ordinary and necessary operating expenses	a nu as :	mber less than zer a deduction in Par Debtor 0.00	o. rt I	Do not i V.				•	
	c.	Rent and other real property income	Sı	ubtract Line b from	ı Lı	ne a		\$	0.00	\$	
5	Inter	est, dividends, and royalties.						\$	0.00	\$	
6	Pensi	ion and retirement income.						\$	151.00	\$	
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.				\$	0.00	\$				
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					spouse was a					
		mployment compensation claimed to benefit under the Social Security Act Debtor	r \$	0.00 Sp	ous	se \$		\$	0.00	\$	

9	Income from all other sources. Specify source and on a separate page. Total and enter on Line 9. Do r maintenance payments paid by your spouse, but i separate maintenance. Do not include any benefit payments received as a victim of a war crime, crime international or domestic terrorism.							
	a. Sale personal property \$	Debtor 67.00	Spouse	_				
	a. Sale personal property \$ b. \$	67.00	\$ \$	- _{\$} 67.0	00 \$			
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if C in Column B. Enter the total(s).	Column B is complete	ed, add Lines 2 through		\$			
11	Total. If Column B has been completed, add Line 10 the total. If Column B has not been completed, enter	0, Column A to Line er the amount from Li	10, Column B, and ent ne 10, Column A.	er \$		218.00		
	Part II. CALCULATION	OF § 1325(b)(4)	COMMITMENT	PERIOD				
12	Enter the amount from Line 11				\$	218.00		
13	Marital Adjustment. If you are married, but are no calculation of the commitment period under § 1325(enter on Line 13 the amount of the income listed in the household expenses of you or your dependents a income (such as payment of the spouse's tax liability debtor's dependents) and the amount of income devo on a separate page. If the conditions for entering this b. C.	(b)(4) does not require Line 10, Column B thand specify, in the line y or the spouse's suppoted to each purpose.	e inclusion of the incornat was NOT paid on a less below, the basis for our of persons other that If necessary, list additional and the control of the contr	ne of your spouse, regular basis for excluding this in the debtor or the	\$	0.00		
14	Subtract Line 13 from Line 12 and enter the resu	ılt.						
15	Annualized current monthly income for § 1325(b) enter the result.	\$	2,616.00					
16	Applicable median family income. Enter the media information is available by family size at www.usdo a. Enter debtor's state of residence:	oj.gov/ust/ or from the			\$	52,724.00		
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. ■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment pe top of page 1 of this statement and continue with this statement. □ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment at the top of page 1 of this statement and continue with this statement.							
	Part III. APPLICATION OF § 132	25(b)(3) FOR DETE	RMINING DISPOSA	BLE INCOME	•			
18	Enter the amount from Line 11.				\$	218.00		
19	Marital Adjustment. If you are married, but are no any income listed in Line 10, Column B that was NO debtor or the debtor's dependents. Specify in the line payment of the spouse's tax liability or the spouse's dependents) and the amount of income devoted to eseparate page. If the conditions for entering this adjuta. Description De	OT paid on a regular less below the basis for support of persons ottach purpose. If necess	basis for the household excluding the Column her than the debtor or t sary, list additional adju	expenses of the B income(such as he debtor's				
	Total and enter on Line 19.	\$	0.00					
20	Current monthly income for § 1325(b)(3). Subtract	ct Line 19 from Line	18 and enter the result.		\$	218.00		
	· · · · · · · · · · · · · · · · · · ·				_			

21		lized current monthly inc	come for § 1325(b)(3). N	Multip	oly the amount from Line 2	20 by the number 12 and	\$	2,616.00
22	Applicable median family income. Enter the amount from Line 16.							52,724.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is detern 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is n 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VII of this statement.							nined under §
		Part IV. Ca	ALCULATION ()F I	DEDUCTIONS FR	OM INCOME		
		Subpart A: D	eductions under Star	ndar	ds of the Internal Reve	enue Service (IRS)		
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the						\$	
National Standards: health care. Enter in Line al below the amount from IRS National Standards Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable numb who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 ye older. (The applicable number of persons in each age category is the number in that category that we be allowed as exemptions on your federal income tax return, plus the number of any additional depe you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.					ional Standards for lable at cable number of persons o are 65 years of age or ory that would currently tional dependents whom and enter the result in nd enter the result in Line			
	Person	ns under 65 years of age	I	Persons 65 years of age or older				
	a1.	Allowance per person		a2.	Allowance per person			
	b1.	Number of persons		b2.	Number of persons			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Utilitie availab the nur	Standards: housing and uses Standards; non-mortgage ole at www.usdoj.gov/ust/onber that would currently builditional dependents whom	e expenses for the applica or from the clerk of the b oe allowed as exemption:	able c ankru	ounty and family size. (The applicable)	his information is e family size consists of	\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 c. Net mortgage/rental expense Subtract Line b from Line a.						\$	
26	25B do Standar	Standards: housing and uppers not accurately compute rds, enter any additional antion in the space below:	the allowance to which	you a	re entitled under the IRS I	Housing and Utilities	\$	

27A	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expensional decreases in Line 7.7.					
2711	included as a contribution to your household expenses in Line 7. \square 0 If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	unt from IRS Local Standards: "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$			
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at www.usdoj.gr.court.)	\$				
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average					
	 a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. [a. IRS Transportation Standards, Ownership Costs] \$					
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	expense that you actually incur for all federal, come taxes, self employment taxes, social	\$			
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	retirement contributions, union dues, and	\$			
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$			
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$			
34	Other Necessary Expenses: education for employment or for a photon that average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged dep providing similar services is available.	\$				
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$			
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or you insurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$			

37	actuall pagers	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
38	Total	Expenses Allowed under IRS Standar	rds. Enter the total of Lines 24 through 37.	\$		
		=	Additional Living Expense Deductions any expenses that you have listed in Lines 24-37			
		tegories set out in lines a-c below that ar	Health Savings Account Expenses. List the monthly expenses in the reasonably necessary for yourself, your spouse, or your			
39	a.	Health Insurance	\$			
	b.	Disability Insurance	\$			
	c.	Health Savings Account	\$			
	Total a	and enter on Line 39		\$		
	If you below:		unt, state your actual total average monthly expenditures in the space			
40	expense ill, or expense	\$				
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Standa truste	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.				
43	actuall school docun	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.				
44	expens Standa or from	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				
45	contril	outions in the form of cash or financial i	easonably necessary for you to expend each month on charitable nstruments to a charitable organization as defined in 26 U.S.C. § excess of 15% of your gross monthly income.	\$		
46	Total	Additional Evnanca Daductions under	• § 707(b). Enter the total of Lines 39 through 45.	\$		

		Subpart C: Deductions for I	Debt Payment					
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.							
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance				
	a.		\$ Total: Add Lir	□yes □no	\$			
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.							
	Name of Creditor a.	Property Securing the Debt	\$	of the Cure Amount				
				Total: Add Lines	\$			
49	priority tax, child support and a not include current obligation	rity claims. Enter the total amount, divide limony claims, for which you were liable as, such as those set out in Line 33.	nt the time of your b	pankruptcy filing. Do	\$			
	resulting administrative expens	penses. Multiply the amount in Line a by the.	he amount in Line t	o, and enter the				
50	b. Current multiplier for y issued by the Executive information is available the bankruptcy court.)	thly Chapter 13 plan payment. Your district as determined under schedules e Office for United States Trustees. (This e at www.usdoj.gov/ust/ or from the clerk of nistrative expense of chapter 13 case		Lines a and b	\$			
					+			
51	Total Deductions for Debt Page	yment. Enter the total of Lines 47 through	50.		\$			
51	Total Deductions for Debt Pa	wment. Enter the total of Lines 47 through Subpart D: Total Deductions			\$			
51			from Income		\$			
	Total of all deductions from in	Subpart D: Total Deductions	from Income	DER § 1325(b)(2	\$			
	Total of all deductions from in Part V. DETE	Subpart D: Total Deductions ncome. Enter the total of Lines 38, 46, and	from Income	DER § 1325(b)(2	\$			
52	Total of all deductions from in Part V. DETE Total current monthly income Support income. Enter the many payments for a dependent child	Subpart D: Total Deductions ncome. Enter the total of Lines 38, 46, and RMINATION OF DISPOSABLE	from Income 151. CINCOME UN ats, foster care payn	nents, or disability	\$			
52	Total of all deductions from in Part V. DETEI Total current monthly income Support income. Enter the monthly payments for a dependent child law, to the extent reasonably new Qualified retirement deduction	Subpart D: Total Deductions acome. Enter the total of Lines 38, 46, and RMINATION OF DISPOSABLE b. Enter the amount from Line 20. In the control of the	to from Income 151. CINCOME UN ats, foster care payn cordance with appliants withheld by you	nents, or disability icable nonbankruptcy	\$ \$ \$ \$ \$ \$ \$ \$ \$			

57	Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circum. If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these exports of the special circumstances that make such expense necessary.	ow. nust					
	Nature of special circumstances	Amount of Expense					
	a.	\$					
	b.	\$					
	c.	\$					
		Total: Add Lines	\$				
58	Total adjustments to determine disposable income. Add the result.	e amounts on Lines 54, 55, 56, and 57 and enter t	the \$				
59	Monthly Disposable Income Under § 1325(b)(2). Subtract	Line 58 from Line 53 and enter the result.	\$				
	Part VI. ADDITION	AL EXPENSE CLAIMS					
60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
60	Expense Description	Monthly Amo	Junt				

Part	VII	VERIFICATIO	N

Total: Add Lines a, b, c and d

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors

must sign.)

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Date: July 17, 2013 Signature: /s/ Larry Leroy Lyke

Larry Leroy Lyke

\$ \$

(Debtor)

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